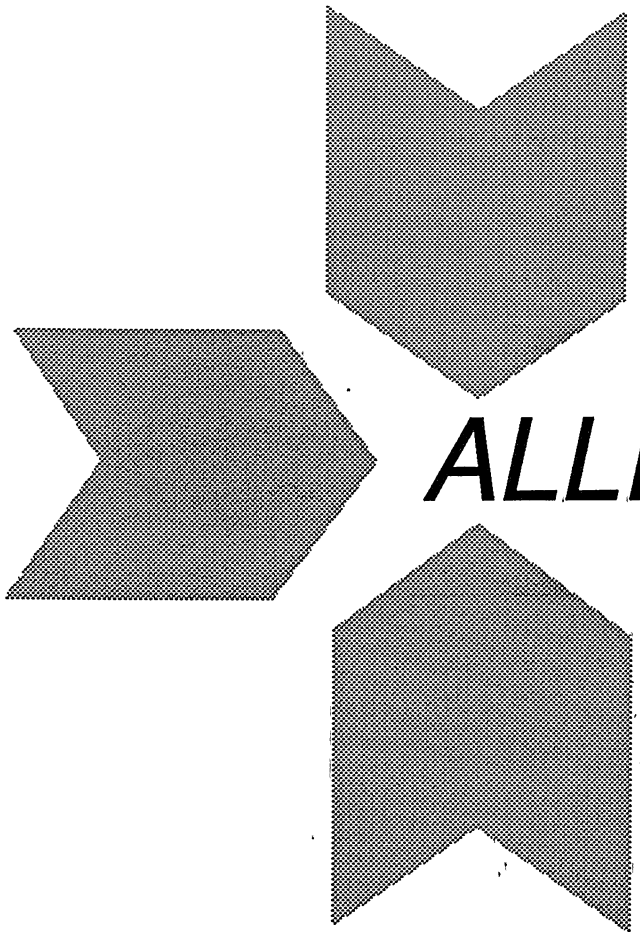

HEALTH ALLIANCE '87

Meeting the Opportunity 2000 Challenge

Hosted by the Missouri Department of Health
Staffed by the State Health Planning and Development Agency
Thursday, November 12, 1987
Missouri Room, Capitol Plaza Hotel
Jefferson City, Missouri

The Report

January, 1988

HEALTH ALLIANCE '87

Meeting the Opportunity 2000 Challenge

The Report

Preface

On behalf of the Missouri Department of Health and the Board of Health, we are pleased to present the report of the *Health Alliance '87: Meeting the Year 2000 Challenge.*

Our goal was to achieve consensus on actions relative to three major issues: indigent care, health manpower and health education. This report contains the substance of the consensus achieved at this meeting and will aid all of us in our short–term legislative agendas and our long–range strategic plans.

These issues offer many opportunities to work together. The uniqueness of this gathering is that forty-three decision makers representing all segments of the health industry, both public and private, were gathered within one room to find common ground in improving the health status of Missourians.

The foundation of this year's success was established when we initiated the gathering of Missouri leaders with prime interests in health care through the 1986 Health Leader's Summit Meeting. Based on this foundation, we have taken the next step in a public demonstration of our cooperative efforts to resolve the major health issues of our day. This effort was both valuable and timely.

We are pleased and proud to have been a part of this effort. We look forward to working with the *Alliance* in the future.

Robert G. Harmon, M.D., MPH.
Department of Health
State of Missouri

Health Alliance '87
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Letter to the Alliance from Governor John Ashcroft

EXECUTIVE OFFICE
STATE OF MISSOURI
JEFFERSON CITY

JOHN ASHCROFT
GOVERNOR

November 12, 1987

Dear Friends:

It is a pleasure for me to have to the opportunity to extend greetings to everyone attending the Department of Health's Summit II meeting. I regret that my schedule does not permit me to join you.

As Governor, I have a deep interest in seeing that all Missouri citizens are able to reach their fullest potential; emotionally, spiritually and physically. In recent years there has been a slow, steady trend in our state toward increased awareness of the importance of health and fitness. I believe we can make our greatest strides toward better health for all with a dual approach: first, we must encourage Missourians to choose healthy life-styles; and second, we must ensure that health care is available and accessible to all our citizens and that programs are in place to meet their needs.

Our goals are ambitious but achievable. We must all work together if we are to realize these worthwhile objectives. The most important factors that influence our health are still those factors we control ourselves. By making healthy, sensible life-style choices and making health care accessible to all Missourians, we can go a long way in our battle against early death and disease.

Please accept my best wishes for a productive and thought-provoking day.

Sincerely,

John Ashcroft

GOVERNOR

Executive Summary of Recommendations

Indigent Care

- Support a new "MedAssist" bill
- Emphasize Prevention/Primary Care
- Maximize resources and maintain freedom of choice
- Network services and all groups "give a little"
- Protect older adult assets–Anticipate new Medicare bill for catastrophic care financing

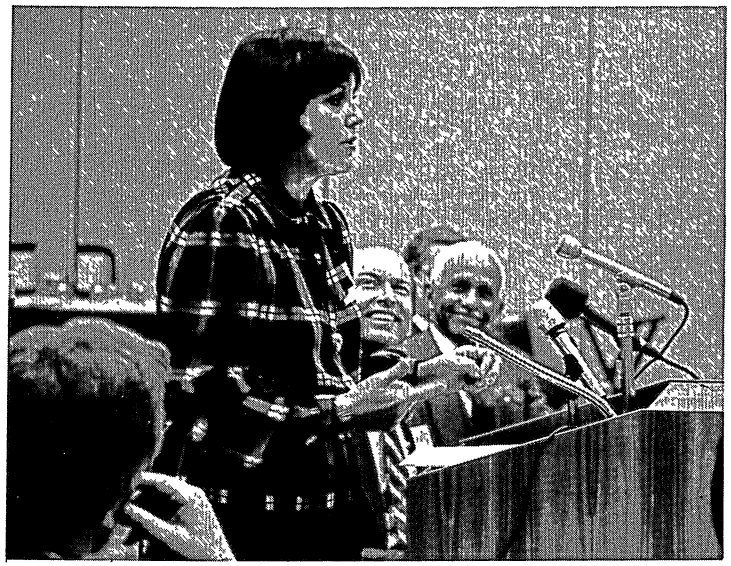
Manpower

- Develop a graduate school of public health (public or private)
- Improve college access through changes in financing mechanisms, entrance requirements and program emphases
- Improve distribution of professions by geography and specialty
- Improve utilization/compensation of allied health professionals
- Utilize alternative providers and students to help alleviate shortages
- Improve minority recruitment

Health Education

- Teach responsibility, healthy behaviors, and effective consumerism
- Use incentives in benefits packages/corporate sponsorship
- Promote healthy lifestyles in schools, business, and other environments
- Coordinate/network existing programs
- Improve services and education in schools (especially regarding drugs, sexually transmitted diseases, and suicide)

Speakers



Senator Roger Wilson

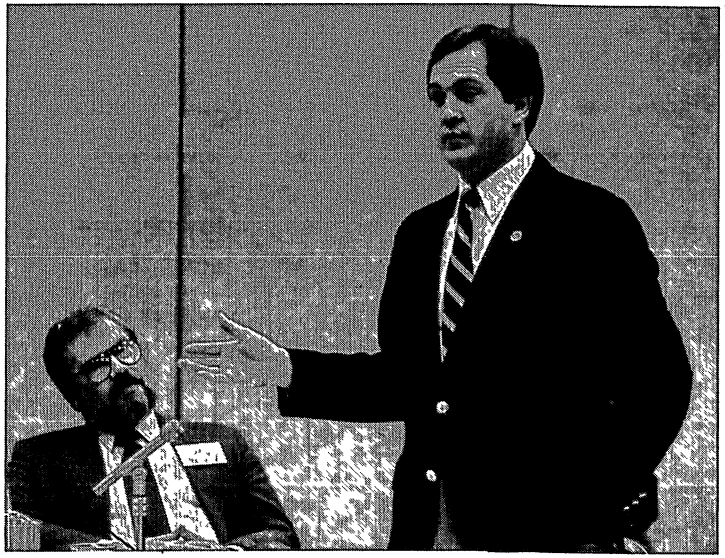
of Columbia commended the group for its efforts but warned that state financial resources will be extremely scarce. Development of costly new initiatives will be unlikely. In fact, the state will have difficulty maintaining its current level of health care. Revenues are up 4%, but the medical GNP is up 7%. No rescue is expected from windfall profits or the lottery, and the Hancock Amendment precludes tax increases. Missouri's tax base is 47th in the nation.

He advised *Alliance* members of the need to build coalitions not only with health interest groups but with organizations whose major interests may *not be* health. This year, legislative priorities will be education, tourism, and agriculture. Health issues must be raised in such a way that they will be important to these diverse groups.

Wilson cited the need for better information, asking state department heads to outline the state's full needs and which of these are currently being met. He also cited a need for better interagency communication to improve the capacity of government to respond to important issues in a more coordinated, comprehensive fashion.

Representative Gracia Backer,

from District 23 in Callaway County, charged the *Alliance* with the responsibility of following up the work of the Missouri Opportunity 2000 Committee by recommending strategies that could help Missouri achieve it's 2000 goals. She also expressed the legislature's interest in *Alliance* priorities: indigent health care, manpower distribution and health education. In her capacity on various committees in the Missouri House, she presented other health issues of concern to her, notably: improving the public mental health system, care for homeless, reduction of accident-related injuries and health care for those incarcerated in Missouri correctional institutions, especially those prisoners who have AIDS.



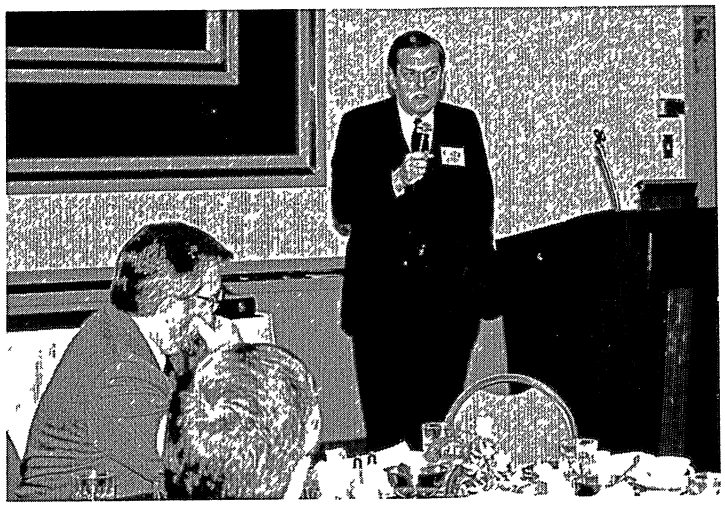
"Trends in Health Planning"

Dr. Jim Kimmey, the Director for the Center for Health Service Education and Research at St. Louis University Medical Center, addressed the *Alliance* during lunch. He observed that the demise of federal support for health planning has not ended its practice, noting that the *Alliance* of Missouri Health Leaders was, itself, an example of health planning–one that had rarely been achieved in most states. The nature of health planning has historically been developmental and community–based, relying primarily on volunteer work. The federal program died when it became regulatory, a task for which it was not designed.

Health planning is still needed to help resolve very difficult issues. For example, what will be the impact of market driven systems in health care? How will the market deal with indigent care or rural health care delivery? What will be the effect on quality? Can public health be done within a market context?

Health planning can aid in defining adequacy of health care, in building concensus across different interest groups on what should be achieved, and in defining the health system infrastructure.

With no federal regulations to govern the goals or structure of health



planning, the program can now be shaped to meet Missouri's needs and interests. This effort will take resources: leadership, cooperation, commitment, and hard work. The Department of Health is assuming the leadership, but cannot do the task alone. They will need the participation of the *Alliance* and the legislature to develop priorities, alternatives, strategies, and the effort to achieve Missouri's health goals. This effort must continue to grow if the *Alliance* is to be successful.

Speakers, page 6

The Process

Before the meeting, *Alliance* participants were asked to complete a short questionnaire listing the four most important health issues facing their organizations between now and the year 2000. Their responses were tallied by MoSHPDA staff and assembled into a work book which was sent to the participants prior to the meeting.

Three leading issues were selected by frequency of responses and the number of different respondents who raised the issue. These three issues were: Indigent Care, Health Manpower, and Health Education.

The objective challenging the *Alliance* the day of the meeting was to achieve consensus on strategies that could successfully address these three issues. To accomplish this, the day's agenda was divided into three work sessions designed to lead the total group to agreement.

All three work sessions followed the same format. An hour was devoted to each topic consisting of panel presentations, discussion, and consensus.

Panel presentations served as a catalyst to the discussion which followed. Panelists were asked to speak to solutions offered by their respective organizations, or ideas for solutions that they wished to bring before this group.

Participants discussed additional ideas for resolution of the work session issue and arrived at consensus for actions to be taken. In the interest of time, discussion comments were limited to three minutes. Staff took notes on major points for use on an overhead projector during the later consensus phase.

Two-phased discussion

Brainstorming:

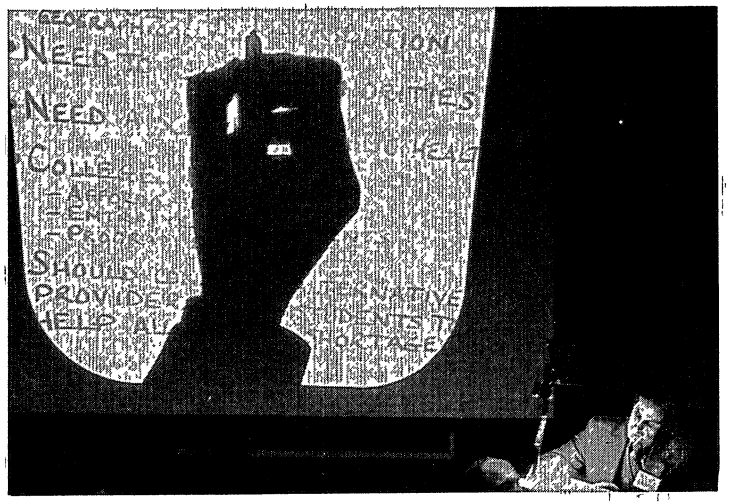
Ten minutes were devoted to obtaining additional view points from the floor. No criticism or evaluation of these ideas were solicited at this time.

Point/Counterpoint:

Twenty minutes were devoted to weighing the alternatives presented during the brainstorming phase. Participants discussed those ideas that were brought out in the presentations or the previous discussion period. Emphasis was given to those ideas that require cooperation or partnerships for accomplishment, particularly if legislation is involved. Major issues, of course, could not be resolved in 20 minutes, but decisions here should lead to the formation of cooperative partnerships or coalitions in the immediate future.

Consensus:

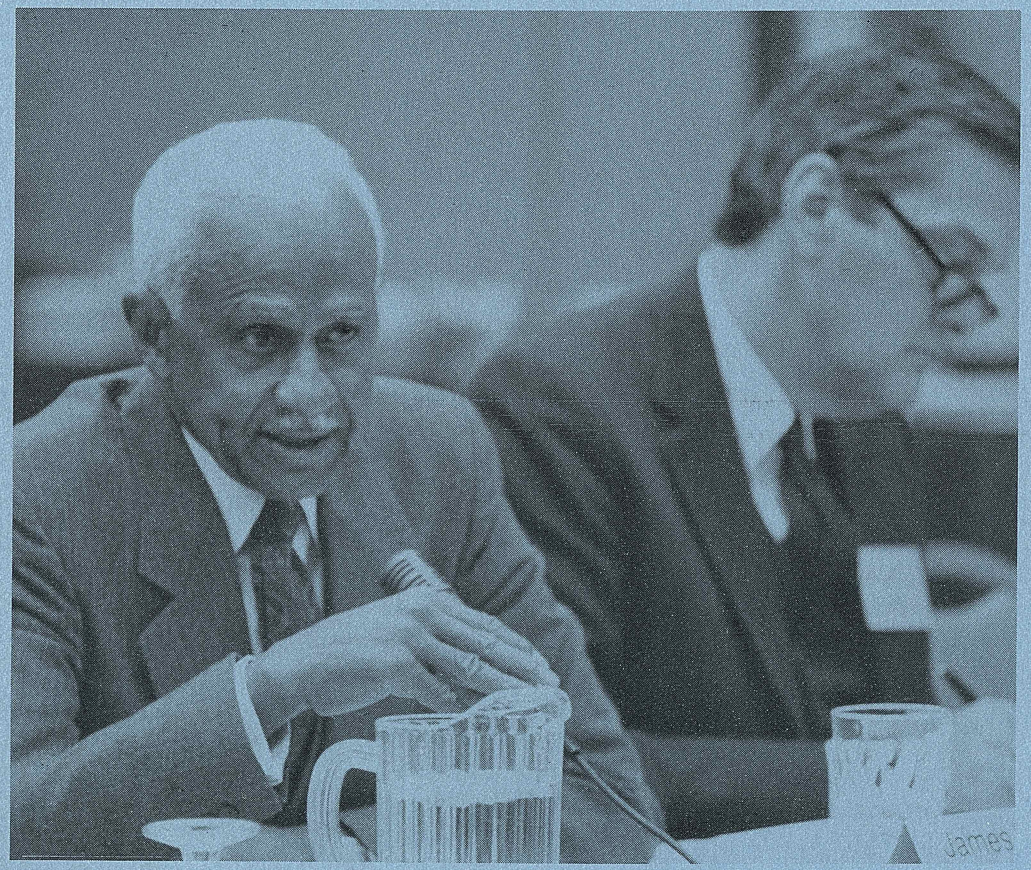
The final ten minutes of the work session was devoted to consensus achievement. Staff notes were available on transparencies for use on an overhead projector to focus the group's attention on the final issues of agreement and work out specific wording for the final report.



Rankings of Responses for the Three Alliance Priorities

Alliance **Priorities**	**Number of Responses**	**Number of Responding Organizations**
Indigent Care	19	12
Manpower	12	9
Health Education	9	6

Alliance Priorities



Indigent Care

Manpower

Health Education

Indigent Care: **Observations**

Discussion

Indigent or "unsponsored care" is the most complex issue facing modern health care. Costs for insurance coverage and treatment services are increasing beyond the affordability of individuals, businesses, industry, and government.

Causes for the rapid increase in health care costs are vague and varied, as are their impact on health care financing arrangements. Below is a sampling of the "symptoms" noted by participants.

Hospitals. The health care GNP will soon exceed 12-14%. With increasingly constrained resources, the demand for indigent care is expected to increase markedly in next 2-3 years. Already, 70-80% of hospital case mix is reimbursed either through Medicaid or Medicare, or is uncompensated. Cost shifting is no longer possible. A hospital's profit margin comes from the 20-30% of the case load that is insured or private pay.

Physicians. Physicians and other providers can't afford to practice in rural areas because of increasing costs associated with running a practice, for example, liability insurance costs, educational paybacks and increasing costs for utilities and other office-related expenses. This is compounded by the movement of young people to urban areas. Rural areas are aging faster. This places increasing demand on physician services, but doesn't necessarily increase physician income enough to meet higher operating costs.

Higher malpractice costs for students are also increasing costs for professional education.

Consumers. Increased provider costs and insurance premiums are passed on to consumers. Those whose income cannot meet the increased costs are often forced into unacceptable alternatives. People are postponing health care and dental care in economically hard–pressed areas. This has a rebound effect: people who avoid health care in early stages of an illness seek treatment when the illness is more serious and more expensive to treat.

Many people cannot afford to purchase health insurance on their own. Group insurance for employees may not cover children or cost too much to cover children. Insurance is often too expensive for self-employed farmers and businesses. Unaffordable premiums upon retirement cause

many elderly to drop their insurance, and insurance coverage for the non-working elderly housewife is for the most part unavailable, even from Social Security.

Confusing or misleading advertising lead many elderly to purchase the wrong kind of insurance, leaving them financially and unexpectedly vulnerable. Legislation is needed to require insurance policies to disclose information accurately, appropriately, and clearly.

Extended nursing home care is uninsured and is most often covered by Medicaid. Qualification for Medicaid requires the exhaustion of personal income and family financial resources, impoverishing both the nursing home resident and family members left at home.

Conflicting state/ federal programs. Problems associated with public financing for health care are discouraging provider participation. Medicaid reimbursement to providers is slow and fee-increases haven't kept up with inflation.

Veteran's hospitals and related services are located at too great a distance for many elderly veterans to access—they must purchase services on their own from local resources.

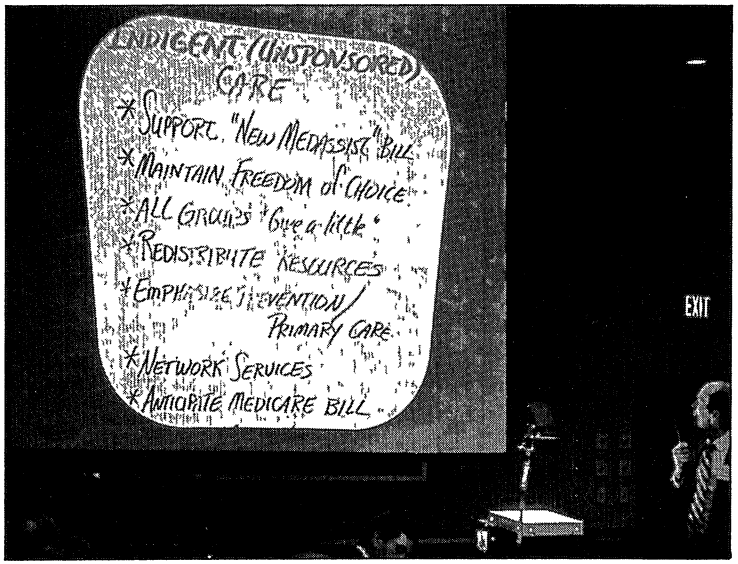
Lack of reimbursement structures for some health services lead to inappropriate utilization of others. For example, there is a need for appropriate and affordable in–home care.

System complexity. Partipants generally felt that to effectively resolve indigent care issues, they would have to deal separately with health services issues pertaining to providers of chronic care, ambulatory or primary care, and preventive care.

Values for health care system. In spite of the problems associated with providing health care to the medically indigent, certain values about the health care system were universally upheld by *Alliance* participants, in particular the need for universal access to affordable, high quality health care which protects a consumer's freedom of choice. Freedom of choice is both a cost and a quality issue, and a means for maintaining access.

To guarantee universal access, Missouri must address the special needs of children, adolescents, older adults, the poor, and middle income persons who are vulnerable to high health care costs.

Indigent Care: **Recommendations**



1) Support a new "MedAssist" bill

The *Alliance* supports legislation to finance indigent care. Such legislation should take advantage of new knowledge on buying health care, for example:

- emphasize "buy right" techniques which build in efficiencies to get best value for the dollar;
- emphasize risk pooling;
- protect consumer freedom of choice.

All parties must be prepared to give a little bit. Providers will need to accept less in payment, however payment schedules should remain flexible. A controlling board should have power to adjust payments when needed.

2) Emphasize Prevention and Primary Care

The *Alliance* encourages health care financing organizations to use consumer incentives for seeking appropriate preventive and primary care to prevent costs associated with expensive delays in treatment.

Adolescent health care should emphasize lifestyle education, prevention, and early detection.

3) Maximize resources

The *Alliance* urges policy–makers in both government and business to make choices about the kind of health care that should be available, carefully selecting priorities and redistributing or maximizing resources to meet those priorities. Each interest group must be prepared to compromise, cooperate and commit their resources to agreed-upon goals.

Choices also must be made regarding which resources to maximize. Current resources are fragmented and reconstruction will be complicated. The Missouri Medicaid program must be improved. We need greater consistancy in taxing policies at the federal and state levels. We need to buy health care more efficiently with both private and public resources. Affordability and quality must be better defined.

4) Network services

Alliance participants recommend networking to maximize private and public resources, addressing chronic, ambulatory (primary) and preventive care. All groups should be prepared to "give a little." As one participant said, "We need an attitude adjustment on everyone's part."

Local health service consortiums were presented as an example of a means to work out service agreements at the community level.

5) Protect older adult assets

There was a great deal of concern about the impact of long term care costs on elderly families. *Alliance* members were advised to anticipate the new Medicare catastrophic bill in Congress in which the spousal impoverishment issue may be resolved. A large fiscal note is attached.

Long term care insurance may provide another avenue for protecting older adult assets.

Manpower: Observations

Discussion

Missouri has always faced a maldistribution of health manpower. Providers tend to locate in urban rather than rural areas. Professionals in rural areas are aging, and few younger professionals are moving in to replace them. This is not an unusual problem, and not limited to physicians.

Nursing, dentistry and pharmacy are also underrepresented in rural areas.

The nursing shortage is reaching critical proportions in some areas. They and other allied health professionals are experiencing increasing job dissatisfaction and are seeking employment in other fields. Among other things, nurses want greater self-esteem and colleagal respect, greater control of their practice, and adequate compensation.

The health care field is also becoming more complex. No one profession can claim complete knowledge or skill in providing health care. There will be more and more reliance on team practice, comprised of a variety of professions all lending their particular expertise to healing. This, and attempts at cost control, will lead to employment of greater varieties of professionals, and hopefully a return in emphasis to preventive and primary care over the highly technical and expensive specialties.

As baby boomers age and the "Baby Bust" generation enters the workforce, all professions will need to shift their focus to train/retrain and advance train all professionals because of the decreasing labor pool. It is increasingly expensive to train health care professionals and educational resources are limited.

These resources may be encouraging overspecialization and are not flexible enough for working professionals to access. Innovations are needed in educational financing, program locations, and time schedules.

In addition, more effort is needed to recruit and retain minority representation in the health professions.

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Manpower: Recommendations

1) Develop a graduate school of public health

Missouri has no school of public health to prepare professionals for public health practice. This impairs our ability to attract and retain competent professionals. The first step toward establishing this school as either a public or private institution, is to document the needs and considerations which will encourage a private university board, the State Board for Higher Education or legislature reallocate resources for a school of public health.

2) Improve college access through changes in financing mechanisms, entrance requirements and program emphases

Fewer resources exist for financing a professional's continuing education. Persons unable to afford the education are effectively blocked from entering or advancing in their chosen field. Those who assume a heavy debt load have limited options as to where they can later practice. Better payback mechanisms need to be established to assist the professional in obtaining the education, and to encourage practice in areas of need.

Entrance requirements should be more flexible to enable access of working professionals to educational programs including advanced educational programs. Program emphases needs to shift from specialty to generic practice so that adequate numbers of primary care providers can be supplied to areas that need them. In addition, the resurrection of tutorials as means of educating new professionals can alleviate some of the manpower shortage and provide students with better preparation for practice after graduation.

3) Improve distribution of professions by geography and specialty

Increasing the number of available health professionals has done little to alleviate manpower shortages in rural areas. Rural and low income areas need assistance in recruitment and retention of health care professionals.

The health industry needs to compete with other industries for trained personnel and should work cooperatively to encourage people to enter the variety of health fields open to them. The industry also needs to be more innovative in identifying sources of workers, for example, students and the older adult talent pool. Students, in particular, could be used to supplement staff in state facilities such as prisons and mental hospitals.

4) Improve utilization/ compensation of allied health professionals

In keeping with the idea of improving the existing workforce rather than adding to it, better advancement opportunities should exist for current workers, including opportunities to meet certification and training requirements.

Students and alternative professionals, such as nurse practitioners, should be utilized more broadly to alleviate primary care provider shortages.

Salaries in allied health fields are not commensurate with responsibilities and should be improved to be competitive with other employment fields.

5) Efforts at minority recruitment and retention should be increased

Minority populations are among those that go underserved or badly served because of cultural/language misunderstandings. Professionals should be recruited and trained among black, Hispanic, female and other populations to broaden the social/cultural expertise of health professions.

Health Education: **Observations**

Discussion

Health care consumers have a great deal to learn about maintaining their own health and about appropriately using the health care system. Major strides have been made in health education, however much still needs to be done and can be done in a variety of settings. *Alliance* members shared many ideas for disseminating information at relatively low cost.

All agreed, however, that effective health education must begin with children. Many of their recommendations centered on the school system as the major setting for child health education.

Health Education: **Recommendations**

1) Teach responsibility, healthy behaviors, effective consumerism

People need information in several major areas. First, people need to learn to be responsible for their own health and to change health–damaging behaviors, for example smoking, lack of adequate exercise, and poor eating habits.

People also need to be educated about the health care system: what is public health? What is primary care? Why are these important?

In combination with this people need to be educated as better health care consumers. When is it important to see a doctor? When should you seek care in an emergency room? Would home care be more appropriate for my needs or should I seek placement in a nursing home? What questions should I ask about my prescription?

2) Use incentives in benefits packages/ corporate sponsorship

Utilization of health services is often shaped by reimbursement systems such as insurance programs. Incentives should be built into benefit packages to encourage appropriate and efficient use of health care services, for example, early detection and treatment. Incentives for healthy behaviors can include financial discounts or bonuses, especially from insurance, and variable deductables by health indices, such as non–smoking, blood pressure control, use of seatbelts.

Corporations are finding it cost–effective to pay for health education. Costs of claims are reduced as are lost work days due to illness.

In January, four government agencies are going smoke–free. The Department of Health, in implementing its own non–smoking policy, found that the quit rate in smoke–free organizations is 3–4 times higher than average.

3) Promote healthy lifestyles in schools, business, and other environments

Real-world, innovative, and low cost avenues for providing information include:

- obstetrician newsletters to new patients;
- use of employee bulletin boards;
- issues and information printed on grocery sacks;
- Halloween bags for children printed with drug and poison control information;
- paycheck stuffers;
- group insurance carrier monthly reports on prevention/wellness topics;
- insurance carriers patient education materialss on prudent consumerism;
- use of special groups like the Heart Association, to conduct special programs or disseminate information;

A component on costs of health care should be included in health professional education.

Older adults should be a specific target group for educational programs and materials.

Alcohol and drug abuse education must be conducted through community-based approach–not through sole reliance on schools.

4) Coordinate/ network existing programs

Because of the multiplicity of health education programs, there must be an effort to coordinate programs to avoid duplication and inaccuracy. There is presently no coordination of data collection, resource information and health education within the state. Messages to the public must be consistant, with a "seal of approval" for information sent to consumers so they can better judge when to trust information they receive.

In addition, there should be youth/parent representation on panels concerned with youth health issues and services, including the Children's Services Commission.

5) Improve services and education in schools (especially regarding drugs, sexually transmitted diseases, and suicide)

Schools should approach health education in a comprehensive fashion. There should be increased emphasis on comprehensive, general health services in schools. School health services across the state are distributed unevenly. Some schools have no services, some rely soley on public health units, and some have full services.There are limited public health resources available locally to assist schools. The Department of Elementary and Secondary Education (DESE) is preparing to mandate health services in school settings. The school-based clinics issue has been "back-burnered," but these clinics are not the only means for providing services and school districts should consider alternatives for providing education.

Adolescents should be specifically targeted for health education, especially on issues for which they are at particular risk.

The governor should appoint lead agency to coordinate teen suicide prevention programs. A stress reduction program for teens offered through the Kirksville College of Osteopathic Medicine has reported good outcomes in reducing teen suicides.

Other areas to target for improvement include drug and alcohol abuse programs, and instruction regarding sexually transmitted diseases, especially AIDS. The Department of Elementary and Secondary Education (DESE) is strengthening its curriculum guidence in this component.

Quality indicators are lacking for school health programs. There should be an effort to monitor outcome data for health education curriculum packages and current health education programs. Educational materials must be age-appropriate.

Public schools are under pressure to implement array of educations, expanding the curriculum in a number of topical areas in competition with health. Rather than encouraging schools to establish a separate health curriculum, DESE recommends an "infusion model", i.e. health information is infused in all subjects where appropriate. This means that all teachers and school nurses have some health education responsibility. Criteria and qualifications for health educators in schools require some clarification:

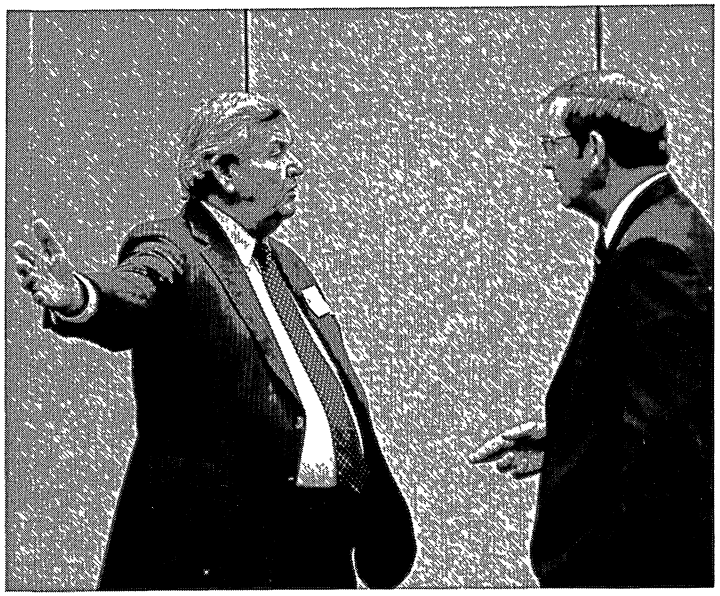
- not all schools have R.N.s;
- not all R.N.s are qualified to teach;
- some teachers may not have adequate background for health-related topics.

Requirements to teach health-related information should be coupled with special training to insure the quality of information passed on to students.

Comprehensive educational programs must also include a component for parental education on child health and the effects of untreated health problems on educability.

Health Education, page 22

Future Alliance Activity



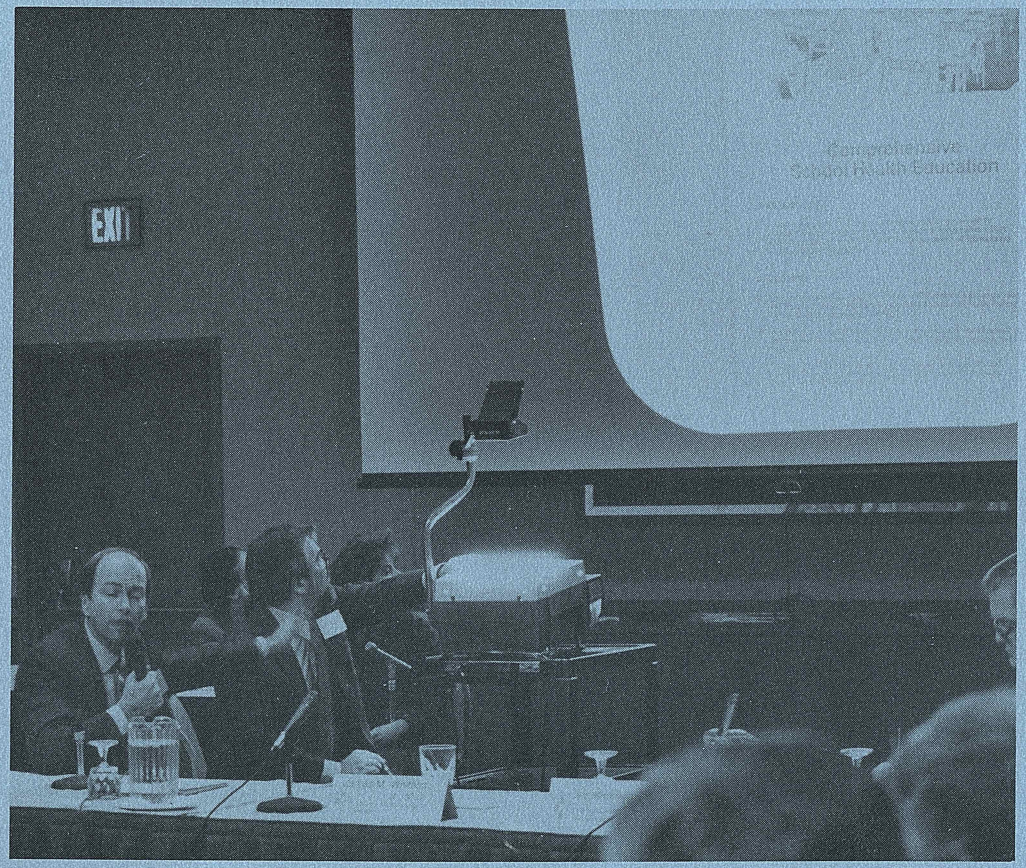
The work of the *Alliance* is not complete. It has just begun. Resolution of these complex issues requires the leadership, commitment, cooperation and hard work of many organizations and individuals.

Alliance members universally acknowledged the need to continue meeting and working toward common goals for improving the health care system. Progress toward accomplishing these goals will require more focused activity to develop strategies and partnerships.

The *Alliance* will meet at least annually, perhaps near the end of the 1988 legislative session. Department of Health staff will also explore other means of communication among *Alliance* members such as surveys, bulletins, or newsletters.

The *Alliance* will also be expanded to include a wider cross–section of interest groups such as agriculture, tourism, parent groups and others.

Background



Alliance Survey Results

Missouri Opportunity 2000 Health-related Recommendations

Alliance Survey Response

Prior to the meeting, health leaders who were invited to participate in the *Alliance* meeting were surveyed for the health issues of most concern to their organizations. The following pages provide listings of the twenty–five responding organizations. Each of these issues is important and their resolution requires the attention of multiple agencies and organizations such as those within the *Alliance.*

The issues are listed in order of priority based upon the number of responses received per issue and the number of organizations providing a response on the issue:

- Indigent Care
- Manpower
- Health Education
- AIDS
- Long Term Care
- Alternative Delivery Systems
- Rural Health (tie)
- Medical Liability (tie)
- Cost Containment
- Substance Abuse (tie)
- Health Information

Indigent Care

Issue	Issue Description	Planned Action	Organization
Adequacy of Medicaid Reimbursement	Precarious financial status of current high-volume Medicaid hospitals. Limited access to health care providers by Medicaid recipients (with inadequate reimbursement, some providers will select not to participate in the Medicaid program.)	Request the Missouri General Assembly provide adequate Medicaid appropriations.	Missouri Hospital Association
Determination of Tax Rates	The Hancock Amendment is still causing confusion for local tax entities such as health districts. With an increase in a county's property assessment, tax entities are forced to rollback their levies and receive the same amount of income. When you take into consideration cost of living and other expenses, public health districts find themselves with less income.	Re-evaluate the Hancock Amendment.	Health Official's Section, Missouri Public Health Association
Dumping of Home Health Patients on County Health Departments	Barry County has five home health agencies. When these home health agencies no longer receive Medicaid or private insurance payment, clients are referred to the county health department. These clients often need regular visits by a registered nurse. This results in increased work loads for the already understaffed county health department.	Advocate additional funding for home health patient care.	Health Official's Section, Missouri Public Health Association

Issue	Issue Description	Planned Action	Organization
Food Stamp Outreach	There is still a serious hunger problem in Missouri that erodes health and morale of the poor. Only about 38% of those eligible actually receive food stamps. We would have a significantly improved situation if food stamp outreach were reinstated, if office hours of DFS offices were accessible after hours and on weekends, and if outstationing of DFS workers to centers outside of county seats were permitted.	Work with DFS task force to create outreach materials. Investigate "hunger counties" to gauge barriers to food stamp participation, update the Hunger in Missouri Report, support legislation to create permanent government capacity to notice, study, and respond to crises of destitution in the state.	Missouri Association for Social Welfare
(Inadequate Medicaid Funding for Dental Services)	Continued inadequate funding for the Missouri Medicaid dental program is resulting in many citizens being unable to obtain needed dental care. At a time when all practice expenses are rapidly increasing (especially malpractice insurance premiums) dentists cannot afford to see these persons because of the low Medicaid reimbursement. In many instances, outside laboratory charges for dental services are more than Medicaid will allow for the total service. Additionally, certain Medicaid restrictions are making dental services to nursing home patients difficult to provide. Medicaid requires prior authorization for all nursing home patients.	The Missouri Dental Association is continuing its efforts to seek adequate funding for the Missouri Medicaid dental program through the legislative appropriations process. MDA believes that many dentists will resume seeing Medicaid patients when reimbursement levels are at reasonable levels. The Association also is working with the Division of Medical Services staff on ways to reduce unnecessary regulations hampering access to needed dental services.	Missouri Dental Association

Indigent Care

Issue	Issue Description	Planned Action	Organization
Increase Funding for Public Health	As an example, within the last five years, many local health departments have seen an increase in their workloads resulting from new program iniatives in family planning, prenatal, and EPSDT. In addition, workloads have also increased on our 2 1/2 nurses from other public health programs such as immunizations, high risk infant follow-ups, communicable disease, blood pressure screening, B-12 injections, fasting blood sugars, school screening and health education. The increased workload is causing extreme hardships on the local health departments.	The Governor and the legislature need to support an increase in funding for staffing local public health departments. As an option to increase revenue, local health departments could be allowed to charge for various services similar to tax–funded hospitals. Also the issue of liability insurance for health personnel who administer vaccine, as well as increased liability for manufacturers of vaccine and funding liability insurance for volunteers who serve on local health department boards needs to be addressed by the legislature. In addition, we encourage the Department of Elementary and Secondary Education to contract with local health departments when school districts do not have a school nurse.	Health Official's Section, Missouri Public Health Association
Indigent Care	The Missouri Medicaid Program is not meeting the needs of our state's poor. The current program must be properly funded and then the program should be expanded as permitted by federal guidelines.	Effort to gain reasonable fee schedules for physicians in order to increase the number of participating physicians and, thus, improve access to care for the poor. Work with General Assembly on methods of providing coverage for the state's non-indigent, uninsured citizens.	Missouri State Medical Association
Indigent Care	The provision of care to the medically indigent has become a burden to health care institutions and a frustration to those who need care but cannot easily obtain the financial aid they need. This is especially acute for the farmers of rural northeast Missouri.	• Introduce legislation to relieve burden of private agencies • Develop a single set of criteria of eligibility • Establish an effective identification system • Introduce legislation to broaden the scope of coverage allowed within the formularies (e.g., chronic illness, prevention, mental illness)	Kirksville College of Osteopathic Medicine

Issue	Issue Description	Planned Action	Organization
Indigent Care and Care for the Under–insured	School of Dentistry is a community resource for a special population. However, we cannot provide "free" care for those in need.	Support legislation which will provide services to finance dental care for the indigent.	University of Missouri- Kansas City School of Dentistry
Indigent Health Care	This issue was mentioned by eleven individual summit participants, the most of any issue. The issue should be directed to the unemployed, employed without insurance and catastrophe coverage.	A survey is currently being conducted by MAOPS documenting uncompensated care rendered by physicians. The results will be presented to an interim legislative committee at their October 20 hearings. MAOPS is currently following the actions of this committee and over the coming months will be providing testimony and recommendations to this committee. The specific testimony and recommendations can be made available to the Health Alliance at a later date.	Missouri Association of Osteopathic Physicians and Surgeons
Indigent Health Care	Increasingly, it appears that low and moderate income people are unable to fully afford health care insurance. The State needs to determine what its position will be with regard to low income individuals.	The Interim Committee on Access to Health Care is currently discussing this issue, and DSS is actively participating in those discussions.	Department of Social Services
Indigent Health Care	Medical indigency continues to increase. Primary care services need to be accessible to the medically indigent. Many poor do not qualify for Medicaid.	Legislative actions include assessing proposed legislation to address medical indigency. Further Medicaid expansion appears to be one viable alternative to this problem.	Missouri Coalition for Primary Health Care

Indigent Care

Issue	Issue Description	Planned Action	Organization
Indigent Health Care	The true measure of poverty in Missouri is that 20% of the population which cannot afford health care insurance. This constitutes a serious degrading of public health, productivity, and future resource allocation. A state medical program that provides essential health care based on ability to pay is essential if Missouri is not to build its civilization upon a substantial underclass without hope or access to well-being.	Support some form of indigent health care legislation based on: 1) maximum expansion of Medicaid; 2) focused on primary care and prevention; 3) based on progressive funding (not a sales tax); 4) based on ability to pay.	Missouri Association for Social Welfare
Medical Indigency	Need to provide access to health care for the uninsured	Develop a legislative package to include the creation of a state insurance company to subsidize insurance for low-income individuals.	Missouri Hospital Association
Reform of Medicaid	Missouri's Medicaid program is a mess. It is a rationing program rather than a comprehensive health care program for the poor. It is strangled with bureaucracy, drives providers away, and contributes to third rate health care for the poor. We would not have the indigent health care problem in the state if this program were working to full capacity taking full advantage of federal funding.	Support expansions, funding, and bureaucratic reorganization. Ask for legislative investigations of its operations.	Missouri Association for Social Welfare
Reimbursement to Long Term Care Providers	Missouri Medicaid has failed to keep pace with the Consumer Price Index or the Medical Price Index in recent years to the point that quality providers struggle with property tax payments (reassessment issues), liability insurance and other items out of the control of the facility.		Missouri Health Care Association

Issue	Issue Description	Planned Action	Organization
State Supplementary Funding of WIC Program	Missouri continues to have a serious hunger problem. Poor mothers and children are the most vulnerable population. WIC is a good program that claims to reduce Medicaid expenditures from $1.50 to $3.00 for every dollar spent. Other states have recognized the value of this program and extended federal funding with state supplemental funding.	Urging appropriations committee to fund WIC.	Missouri Association for Social Welfare
There is no Mechanism That Pays for Prenatal Care for the "Poor" who are not Medicaid Eligible.	Many women are eligible to receive prenatal care from the local prenatal clinics. Approximately 50% of these women do not qualify for Medicaid, nor do they have private insurance coverage for doctor and hospital expenses relating to the delivery.	A program similar to the Missouri High Risk Maternity & Infant Program should be funded where counties could receive funding based on county statistics of women of child-bearing age. The local health department would then contract with local physicians for prenatal care. If funding is insufficient to cover the demand, no more service would be delivered until a new appropriation is received by the county. Client eligibility would be determined by the county. In addition, local physicians who participate in this service should qualify for coverage by the state for malpractice insurance.	Health Official's Section, Missouri Public Health Association
Uninsured Care	With nearly 20% of Missouri's population at risk for medical indigency, finding new strategies for providing and financing preventive and primary health services has become critical.	Implement Medicaid expansion for pregnant women and children (HB 518) via DOH/DSS workplan. Implement HB 667–Legal Expense Fund amendments, and Southwest Perinatal Consortium. Study further Medicaid expansion.	Missouri Department of Health and Board of Health

Manpower

Issue	Issue Description	Planned Action	Organization
Health Care Employees– Licensed and Unlicensed	The number of employees needed in the health care setting continues to increase. Problems surround the availability of qualified staff and the personnel costs associated with staff when available.		Missouri Health Care Association
Health Manpower	Among the effects of changes in the health care industry are the following: increasing the involvement of higher education institutions in the education of health care providers; encouraging some professions to increase entry-level education requirements; and exacerbating the problem of increasing the number of health care providers in rural areas. Each of these trends has potentially significant long-term implications for resource allocations in higher education which are already subject to intense competition. Furthermore, serious short-term constraints just in terms of the availability of suitably trained instructors must be addressed as well.	The Coordinating Board for Higher Education has completed an in-depth study of existing academic programs supported by Missouri public institutions in the fields of allied health and nursing. As a consequence of this study, the Coordinating Board has adopted several recommendations which will serve to guide its public policy considerations as well as institutional decision-making. The Board has also directed its staff to share the results of this study with other interested parties as appropriate or requested to sensitize them to the educational dimension of changes in the health care industry.	Coordinating Board for Higher Education
Health Manpower	Numerous sections of the State have the official Health Manpower Shortage Area designation which indicates areas in high need of medical services.	Legislative actions include supporting national efforts to address this problem. Reviewing the Missouri Student Loan Program and possibly recommending changes in the legislation.	Missouri Coalition for Primary Health Care
Human Resources Management– Lack of Technical Health Care Personnel	Because of a smaller pool of new individuals in the work force and because of other career area opportunities, the pool of individuals selecting the health care arena is dimished.	Increase awareness of career opportunities in nursing and the other technical health career area to individuals 16-22 years old, and to homemakers who are or will be shortly desiring to enter the work force.	Missouri Hospital Association

Issue	Issue Description	Planned Action	Organization
Lack of Professional Staff in Long Term Care	There appears to be an unmet, growing need for health care professionals available to work in long term care, including home care.	Improve accessibility, training, and incentives to draw more people into health care, especially long term care.	Missouri Association of Home Health Agencies
Local Public Health Nursing Network	In Missouri, there is a growing segment of the population who have needs not currently being met by existing public health agencies. These are our citizens who are falling "between the cracks" in current health care programs. In years past, local public health nursing efforts met many of these needs but as funding decreased and other programs were developed, the local public nursing effort was de-emphasized and in some areas, lost. Now it is becoming obvious that the support network that used to exist needs to be reinvestigated and possibly reinstituted.	A study is currently being proposed to research to current level of local unmet need. If appropriate, funding support should be sought to reinstitute public nursing support activities.	Missouri Public Health Association
Physician/ Nursing Shortage	The existance of several DMH facilities in non-urban areas and the decreasing number of applications to schools providing medical education indicates that the Department will have an increasing difficult time recruiting quality physican and nursing staff.	None specified.	Department of Mental Health
Public Health Professional Education and Competency	Currently, Missouri does not have a publicly supported school of public health. By not having such an institution, the training of Missouri public health professionals is curtailed; vital professional inservice training is unavailable and vital research efforts into Missouri's unique public health issues is thwarted.	Budget support specific to the establishment and maintenance of a school of public health is needed.	Missouri Public Health Association

Manpower

Issue	Issue Description	Planned Action	Organization
Recruitment and Retention of Qualified Individuals into Schools of Nursing	None.	1. Funding to support individuals in their educational nursing programs (loans and scholarships). 2. Development of a positive public relation's campaign. 3. Education of the public, especially high school counselors in what nurses really do, why they need to be educated and the fact that different nursing positions as well as different nursing education programs need students and practitioners with different aptitude levels.	Missouri Nurses Association
Shortage of Nurses	None.	1. Documenting the need. 2. Developing recommendations based on the various types of nursing services needed. 3. Examine trends and project a long range effect of the shortage on patient care–consider the many factors influencing the reason for the shortage.	Missouri Nurses Association
Standardization of Nursing Education	None.	Missouri Nurses Association Task Force on Nursing Education is in the process of developing a plan which will culminate in implementing Missouri Nurses Association's position on nursing education by 1995.	Missouri Nurses Association
Student Loans and Scholarships	Increased cost of dental education is very burdensome and excludes many well-qualified people from entering the profession.	Support legislation aimed at increasing resources for student loans and scholarships.	University of Missouri- Kansas City School of Dentistry

Health Education

Issue	Issue Description	Planned Action	Organization
Comprehensive Health Education Programs for All Missouri Students	Community-wide efforts should be made through the schools to focus on the prevention of health-related problems.	Establish a statewide policy for integrating health in the existing K-12 curriculum, whether it be as a separate class or as an integral part of existing classes. Conduct a health risk assessment of Missouri students to define needs and to provide a baseline by which health education efforts could be evaluated. Through the Coordinating Council for Health Education of Missouri's Children and Adolescents, review existing health education programs that currently provide health promotion activities for preschool children through grade 12.	Children's Services Commission
Education of the Public Regarding Health	For Missouri to be a healthy and vigorous State, the public must be informed about health issues. This education effort must be incorporated into primary education efforts as early as possible and should have appropriate components for adult citizens as well as the school aged. No only is public health education a cost effective alternative to the cost of medical care of the uninformed; the AIDS epidemic has shown that sometimes health education is the only viable solution for public protection. Public health education is a most basic responsibility of government.	There is a need to develop a statewide plan for the provision of appropriate health education for Missouri citizens of all ages. The plan should concentrate on currently available resources as well as additional needs that would require legislative support.	Missouri Public Health Association

Health Education

Issue	Issue Description	Planned Action	Organization
Health Education	To foster a healthier society, we must increase the information base of both health care consumers and providers. Consumers need information on how to stay healthy and how to better utilize the health care system. This education must start with children. Physician education programs should provide new health care providers with information about how lifestyle choices impact health and how to effectively provide this information to their patients. New providers also need to be encouraged to go into the fields of public health and primary care.	Implement SB 52–Family Practice Residency amendments. Seek enactment of legislation authorizing physician loan forgiveness for service in shortage areas. Promote public health school in Missouri. Seek enactment of legislation setting up task force on employee health promotion.	Missouri Department of Health and Board of Health
(Improve Comprehensive School Health Services)	Improve the quality and availability of comprehensive school health services	Revise the school classification and accreditation system to include specific provisions for comprehensive school health service programs.	Department of Elementary and Secondary Education
(Improved Education on Sexually Transmitted Diseases)	Improved education of school age children about sexually transmitted diseases and particularly AIDS	Revise and strengthen the Sections of the Comprehensive School Health Curriculum Guide relating to communicable diseases and sexuality; Identify instructional resources appropriate for teaching the curriculum; Train teachers to utilize the materials.	Department of Elementary and Secondary Education

Issue	Issue Description	Planned Action	Organization
Improving the Health of State Employees		We have initiated programs in employee wellness emphasizing exercise, nutrition and diet, assistance in stopping smoking and educational efforts promoting healthy lifestyles. An employee assistance program is available to assist employees with substance abuse, stress and other personal problems.	Office of Administration
Long Term Care Insurance	There is a great need to educate people regarding long term care insurance and Medigap insurance. Not only do people need to begin thinking about long term care insurance prior to the time that they retire, they need to make sure they are purchasing the "right" type of insurance policies.	The Department of Social Services has recommended a program which increases the public awareness of the importance of private and public pension plans long term care insurance, and the retirement benefits and income security they provide. This program would involve an extensive public information campaign.	Division of Aging
(Parent Education for Healthy Children)	Greater knowledge and understanding on the part of parents of the negative consequences on children of unhealthy home environments, poor nutrition and neglect of specific health problems.	Continue to expand the screening program and the parent education program for children under five and their parents.	Department of Elementary and Secondary Education
Teenage Pregnancy	To reduce the numbers of teen pregnancies through prevention efforts and education programs for all teens, parents and the general public.	Encourage adolescents to postpone sexual activity through programs that promote adolescent responsibility and decision-making skills. Encourage government, business and education to promote teen pregnancy prevention campaigns through the media to encourage adolescents to postpone sexual activity. Target teen pregnancy prevention programs to adolescent males as well as females. Review any reports from statewide task forces on adolescent sexual activity and pregnancy.	Children's Services Commission

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AIDS

Issue	Issue Description	Planned Action	Organization
Acquired Immune Deficiency Syndrome (AIDS)	With regard to both client care issues and staff problems, AIDS will clearly be a priority health issue for the Department of Mental Health. The high degree of contact between staff and clients and the problem of blood to tissue contact indicates that the Department must look at the issues surrounding client care for those clients and staff who have contracted the disease.	None specified.	Department of Mental Health
AIDS	Missourians should be concerned and educated about AIDS, but we should avoid hysteria.	Work with the (medical) profession, Department of Health, General Assembly and interested individuals to develop educational and preventive programs while protecting the rights of our citizens.	Missouri State Medical Association
AIDS	We fear that AIDS will permeate our programs, from payment of medical services through Medicaid, to problems with staff who have AIDS or the HIV virus, and potentially children placed in our legal custody who have AIDS or the virus.	There is a need for a continued dialogue on the issue of AIDS, including more involvement from the legislative branch. There needs to be a comprehensive approach towards the problem of AIDS.	Department of Social Services
AIDS Epidemic in Missouri	The AIDS epidemic promises to be one of the most significant health issues through the turn of the century, impacting public health, health care financing, and the chronic care resource continuum. Reported cases in Missouri for 1987 have more than doubled compared to 1986.	Eight Point Plan announced 6-3-87: 1) Reporting positive AIDS virus antibody blood tests; 2) Contact notification; 3) Confidentiality and anti-discrimination safeguards 4) Expanded testing and counseling 5) Expanded public education 6) Improved access to care; 7) Restrictions on non–compliant individuals 8) Restrictions on establishments implicated in the spread of infection. Seven point legislative proposal announced 10-30-87. Budget proposal submitted to Governor's office 10-1-87. Coordinate through statewide AIDS Advisory Group. Start AIDS newsletter.	Missouri Department of Health and Board of Health

Issue	Issue Description	Planned Action	Organization
Infection Disease Control	The School of Dentistry is becoming increasingly involved in providing care for the patient with AIDS. We face both financial and personnel issues when dealing with the AIDS patient.	Require legislative support to cover increased costs and legal advice when dealing with personnel issues.	University of Missouri- Kansas City School of Dentistry
(Legal issues Pertaining to AIDS)	There is great concern within the dental profession relative to the legal problems related to infectious diseases espcially AIDS. Much of this concern relates to the legal responsibility of the dentist to the patient and of the patient to the dentist. Currently there is major debate at the national level as to whether AIDS patients should be treated as patients with a handicap or with a communicable disease.	The American Dental Association and its legal department are reviewing this issue. Additionally, this was a major topic of discussion at the recent annual meeting of the ADA House of Delegates. The Missouri Dental Association will be working with the American Dental Association and appropriate state agencies to resolve the concerns of Missouri dentists.	Missouri Dental Association
(Protection for Patients and Staff)	Like all health care providers, Missouri dentists are very much concerned with the issue of AIDS and the care of patients. The Missouri Dental Association believes that there should be adequate protection for patients as well as the dental office staff from the accidental spread of the AIDS virus.	The Association is holding workshops at various times during the year stressing the importance of infection control in the dental office. Additionally, the Association understands the Missouri Dental Board is studying the issue and the need for any rules or regulations with respect to infection control. Since there continues to be so much new information being learned about AIDS, it is somewhat difficult for the Association to know how to adequately respond. Basically, the Association follows the actions and programs of the American Dental Association with respect to this issue.	Missouri Dental Association

Long Term Care

Issue	Issue Description	Planned Action	Organization
Coping with the Dramatic Increase in the Number of Elderly During the Next Thirty Years	The number of elderly in Missouri is projected to greatly increase as the "baby boom" generation grows older. With projections that the elderly will exceed 17% of the entire United States population, the need for preparation is essential.	The State of Missouri, in cooperation with the private sector must begin preparation of a long term comprehensive plan based upon a needs assessment of the elderly population which focuses upon the anticipated needs of the increasing elderly population. This plan would include a continuum of care and the development of a true aging network. The Division of Aging has begun the process of writing a five year plan which will describe the direciton which the Division will take.	Division of Aging
Financing of Long Term Care	The impact of long term care financing continues to increase with projections for an ever–increasing number of beds and recipients.		Missouri Health Care Association
Funding for Long Term Care	We must insure adequate resources allowing optimum levels of long term care, including home care. Adequate funding must be available.	Work toward adequate state funding that will allow the appropriate long term care in the home setting.	Missouri Association of Home Health Agencies
Geriatric Care	Health care for the elderly requires a different set of skills and a different perspective for health care providers. The elderly in northeast Missouri now comprise almost 20 percent of the population. Chronic illness and long term care require a different approach than short-term care for the acutely ill.	• Emphasize long term care and care for the chronically ill in the curriculum • Conduct CME programs on various aspects of health care for the elderly • Set up and maintain a center for aging population studies (CAPS) • Encourage legislators to set aside funds for training medical and health related professionals in the care of the elderly • Bring to this state funds for research and education in the area of gerontology	Kirksville College of Osteopathic Medicine

Issue	Issue Description	Planned Action	Organization
Long Term Care Inspections	The Division of Aging (DA) is responsible for conducting two (2) annual on–site inspections and two (2) reinspections of the 1,147 long term care facilities in Missouri. Due to insufficient staff, DA did not accomplish 790 mandated inspections.	The Department of Social Services, in their FY–89 budget, is requesting additional institutional services staff to achieve the goal of performing all inspections, revisits and complaint investigations within the required time frame.	Division of Aging
Ombudsman in Long Term Care Facilities	The Ombudsman program is a program made up of volunteers who strive to improve the quality of life for residents of long term care facilities through the protection of residents rights and mediation of complaints. Eighty-seven percent of Missouri's 1,147 facilities (915) do not have access to an Ombudsman.	The Department of Social Services is requesting funds to expand the Ombudsman program into more long term care facilities and to provide training for the volunteers. In addition, the Division of Aging is currently studying the operation of the Ombudsman program for possible improvements.	Division of Aging
Uncontrolled Operating Changes	Well–intentioned courts, lawmakers, and regulators attempt to correct perceived or actual abuse within the long term care system by enactment of laws and rules without regard to the impact on the total system.		Missouri Health Care Association

Alternative Delivery Systems

Issue	Issue Description	Planned Action	Organization
Alternative Medical Care Delivery Systems	None.	Evaluation of usage of HMOs and PPOs in addition to present indemnity health insurance program. We plan to begin aggressively negotiating provider arrangements with HMOs and/or PPOs and taking advantage of the economics of scale offered by our size and resources.	Missouri State Employees Retirement System
Distribution of Health Care Services and Health Support Services	...greatly impact the state budget and the policies of the state.	None specified.	Office of Administration
Health Insurance	Mental health insurance is both limited in nature and duration. The state must take a look at health insurance and the availability of mental health insurance, which ultimately increases the demands upon limited state resources and also results in inpatient care being utilized where lesser restrictive interventions applied would be more effective. The state must look closely at the benefits and negative impact of requiring the insurance industry to offer appropriate mental health coverage.	None specified.	Department of Mental Health

Alternative Delivery Systems

Issue	Issue Description	Planned Action	Organization
(HMOs/ Alternative Delivery Systems)	The protection afforded HMOs under the federal mandate incorporated in the HMO Act of 1973 is superfluous in light of today's competitive environment.	Attempt to persuade the Reagan Administration to sponsor legislation to rescind the federal mandate for HMOs, creating a level playing field for all managed health care alternatives, including PPOs, EPOs, CMPs, etc. Increased competition will result in improved quality and cost efficiency in market offerings.	General American Life Insurance Company
Increasing Accessibility and Assuring Quality	Increasing accessiblity of health care to all citizens by increased and appropriate utilization of nurses skills and knowledge. Assuring quality nursing services based on the national standards of practice and the Scope of Nursing Practice.	1. Continuing awareness of nurses' contributions to health promotion and disease prevention. 2. Representation of nurses on governmental Task Forces and health policy bodies. 3. Involvement of nurses in the fight against AIDS. 4. Increased opportunities for Nurse Practitioners especially in the care of the elderly. Expanded RN staffing in nursing homes. 5. Third Party Reimbursement for nursing services.	Missouri Nurses Association
Increasing Demands for Limited State Mental Health Resources	Because demand for mental health resources available from all three Divisions of the Department of Mental Health far exceeds availability, the state must take a look at ways in which the demand can be met through prioritization, reorganization of existing programs, private resource utilization, and maximization of federal assistance.	None specified.	Department of Mental Health

Rural Health

Issue	Issue Description	Planned Action	Organization
(Flouridation)	The Association supports the continued flouridation of community water supplies.	The Missouri Dental Association, in cooperation with the Bureau of Dental Health, plans to continue stressing to community leaders the importance of adding or continuing fluoridation programs for community water supplies.	Missouri Dental Association
Lack of Obstetrical Care in Rural Missouri	In some areas of Missouri, obstetrical care is not available. Part of the issue relates to issue #2 (inadequacy of Medicaid reimbursement) and part to the malpractice insurance issue.	Work with the Missouri General Assembly both on the reimbursement and malpractice issues.	Missouri Hospital Association
Local Government Cooperation	Currently, there are barriers which do not allow local agencies and/or political subdivisions to develop cooperative efforts to better serve the needs of local communities.	Permissive legislation is needed to allow local government units the ability to jointly exercise their authority, powers and privileges with other agencies having similar authorities, privileges or powers to further their ability to effectively meet their mandated responsibilities.	Missouri Public Health Association
Rural Health	This issue was mentioned by nine participants (in the previous Summit meeting). It includes many of the same solutions as in Issue #1. Working with insurers the first effort must be to ensure affordable coverage is available to individual farmers and when this is not possible that a MedAssist type mechanism is available.	More than medical indigency, efforts must be taken to remove the disincentives to practice in rural areas. Rural reimbursement should be at least equal to reimbursement in urban areas. Training programs for family physicians will introduce rural practice to a greater number of physicians entering practice. Priority for funding for the recently enacted SB 52 should be for locations in rural areas. Special incentives for practice in rural areas in the form of forgiveness of student loans should be continued.	Missouri Association of Osteopathic Physicians and Surgeons

Issue	Issue Description	Planned Action	Organization
Rural Health Care	Rural Americans (e.g., northeast Missouri) are not receiving optional health care at a time when they need it most (stress due to farm crisis, alcoholism and drug use on the rise, child, spouse, and elderly abuse, etc.). There must be a way to provide care for those who cannot afford it. There is a real need to attract more physicians to rural areas.	• Continue, through our rural clinics, to train and encourage D.O.'s to practice family medicine in rural settings • Support legislation making funds available for health care delivery to rural Americans • Develop incentive plans for physicians and/or for rural communities which would serve to increase the number of physicians serving rural areas.	Kirksville College of Osteopathic Medicine

Medical liability

Issue	Issue Description	Planned Action	Organization
Medical Liability	Access to medical care is being curtailed due to unreasonable liability requirements. As premiums increase, physicians are declining to offer certain services in certain areas.	Continue to work with the General Assembly, insurors, other health care groups and attorneys to find ways to put reasonableness back into the tort system.	Missouri State Medical Association
(Medical Liability)	The escalation of medical malpractice liability premiums not only impacts the company's fee-for-service allowances for medical and surgical reimbursements, but also encourages providers to "self-insure" or "go bare," which exposes an insurer in managed care arrangements to increased liability.	Providers in managed care arrangements with whom the company contracts will continue to be required to agree to mutual indemnification and furnish sufficient evidence of liability protection through certificates of insurance.	General American Life Insurance Company
Medical Liability	This issue was mentioned by nine summit participants at the first summit.	Significant progress has been made during the past two legislative sessions for general medical liability reform and special incentives for certain obstetrical deliveries. Both face future court challenges and a partial unwillingness to fully implement these laws. The next major reforms may need to be constitutional in nature. These may be statute of limitations, limitation on economic awards and pre-trial screening.	Missouri Association of Osteopathic Physicians and Surgeons
Medical Liability	Medical malpractice costs both for health professionals and health organizations are still high.	No legislative actions are planned at this time. The Missouri Coalition for Primary Health Care plans on seeking alternatives for its members, i.e., participation in national pools, providing information regarding risk management, keeping the public aware of the issue.	Missouri Coalition for Primary Health Care
Professional Liability Problem	Legal liability involving patient care in the home.	We need standards for what is acceptable. Also, training standards are needed for care givers.	Missouri Association of Home Health Agencies

Cost Containment

Issue	Issue Description	Planned Action	Organization
Benefit Plan Design	None.	An analysis of the adequacy of provided benefits in relation to the needs of our members. We plan to use cost incentives to encourage participants to use services appropriate to the level of need.	Missouri State Employees Retirement System
Financing Health Care	...greatly impact the state budget and the policies of the state.	None specified.	Office of Administration
Health Care Cost Containment	...has a direct impact on the state budget and service to employees through the state employee medical plan (MOSERS).	None specified.	Office of Administration
Medical Care Cost Containment	None.	Hospital admission pre-certification, concurrent review, large case management, hospital bill audits, and member education.	Missouri State Employees Retirement System
The Impact of Increased Inflation and Utilization on the Cost of Health Care	The rate of health care inflation is higher than virtually any other component of inflation in the marketplace. This has an impact on all payors, including Medicaid. It also impacts the availability of state resources to expand programs such as Medicaid.	Both the legislative and executive branches need to consider what acitons the state can take to control inflation and utilization. This may include tightening such programs as certificate of need, as well as the expansion of prepaid programs.	Department of Social Services

Substance Abuse

Issue	Issue Description	Planned Action	Organization
(Drug and Alcohol Abuse Prevention)	Improved drug and alcohol abuse prevention education for school age children	Continue encouraging school districts to participate in the Drug–Free Schools and Communities Act funding; Revise, print and disseminate the Comprehensive School Health Curriculum including other provisions relating to drug and alcohol abuse education; Participate in the U.S. Secretary of Education's program to recognize schools with outstanding drug and alcohol abuse prevention education programs.	Department of Elementary and Secondary Education
Drug and Alcohol Use/Abuse by Teens	To reduce the numbers of teens using/abusing drugs, alcohol and tobacco through community-based prevention efforts.	Support projects such as "MO Says No", "Project Graduation", the Missouri Federation of Parents for Drug Free Youth and the Missouri Teen Institute. Assist school-age children and youth to develop "peer support groups" and "help networks" in schools and recreational settings. Educate parents concerning their obligation under the law not to serve alcohol or allow alcohol to be served to other people's children in their homes. Reduce the availability of drugs and alcohol to children and youth. Discourage schools from permitting smoking areas on the campus.	Children's Services Commission
Drug/Alcohol Abuse	Substance abuse is robbing the health and vitality of many of our youth and, thus, forcing them to rely on public aid in later years.	Work with private and public health groups and the General Assembly to develop preventive programs in the area of drug/alcohol abuse.	Missouri State Medical Association
Tobacco–related Disease and Mortality	Tobacco-related diseases are the leading cause of preventable death in Missouri, and a tremendous drain on treatment and financing resources within the health care system. Over 7,500 out of 50,000 deaths in Missouri each year are attributable to smoking.	Seek enactment of clean indoor air bill and tax on smokeless tobacco. Promote smoke–free state agencies. Carry out research on smoking and pregnancy, smokeless tobacco, etc.	Missouri Department of Health and Board of Health

Health Information Systems

Issue	Issue Description	Planned Action	Organization
Adequate Data Regarding Long Term Care	Data is not available to predict how much care and what types of long term care will be needed in the future.	Create an adequate data base that will help predict the best use of health resources in the future.	Missouri Association of Home Health Agencies
Data Collection and Analysis	None.	A delineation of the data required from all health care providers. Data to be provided in specified formats to allow for better utilization review, development of cost trends, cash flow projects, benefit design, reserve requirements and contribution.	Missouri State Employees Retirement System
Health Care Data and Pricing Information	In the search for ways and means to maintain high quality of care, competition in pricing and appropriate availability, factual data is required.	Questions: Can the State of Missouri currently provide a complete listing of all the information now in its possession re: health care data and pricing information? (freedom of information) What kinds of data is now on file with the state which cannot be released and why? Can the Department of Health provide a single contact point for responding to requests for information acting as the coordinator among other State departments? Does the state currently have the authority to request additional information not now being reported? Conclusion–the foregoing sets the stage for the question: "Should Missouri, like Maryland and Pennsylvania, adopt legislation to require the reporting of health care delivery data and pricing information, or can sufficient voluntary reporting in the private sector be obtained?	St. Louis Area Business Health Coalition
Isolation of School of Dentistry from Legislative Issues Involving Health Planning	The School of Dentistry is a major resource in the state of Missouri and has experts who can make significant contributions in strategic health planning and are willing to do so.	To seek active notification of all health policy issues.	University of Missouri- Kansas City School of Dentistry

Environment

Issue	Issue Description	Planned Action	Organization
Protection and Management of Water Resources	Groundwater contamination from industrial and agricultural activities threaten private and public water supplies. Effective management of surface and groundwater resources is needed to provide adequate quality and quantity for domestic, agricultural and business use.	Water resources legislation is needed to establish a legal basis for water rights among competing interests. Sufficient budget authority is needed to conduct sufficient sampling and analysis of water resources to identify health threats and undertake corrective action where necessary.	Department of Natural Resources
Management of Hazardous and Special Wastes	Hazardous and special wastes (such as infectious waste, radioactive waste) must be adequately treated and disposed of to safeguard public health.	Legislation has been enacted during 1986 and 1987, but adequate funding is necessary to assure proper management of hazardous wastes. The state Departments of Health and Natural Resources must continue development of cooperative management, regulatory and sampling programs under the authority of state law.	Department of Natural Resources
Clean Up of Abandoned/ Uncontrolled Hazardous Waste Sites	The State and EPA has assessed several hundred sites which have been contaminated by the disposal of hazardous wastes. Some sites have led to the contamination of groundwater and water supply wells.	Remedial action (clean up) at these sites is a costly endeavor. Under the federal superfund program the state will be required to fund 10 percent of the costs of clean up. Providing adequate funding through the State hazardous waste remedial fund will be necessary to progress with these clean up actions.	Department of Natural Resources
Air Pollution Control	Air pollutants contribute to chronic health problems, and are particularly insidious to the aged, the very young and those inflicted with respiratory disorders.	Additional State funding to implement the Air Conservation Law is needed to maintain basic services under that law. However, additional responsibilities confront the state, such as toxic air pollutants, and ozone and carbon monoxide exceedances in St. Louis and Kansas City metropolitan areas.	Department of Natural Resources

Maternal and child health care

Issue	Issue Description	Planned Action	Organization
Maternal and Child Health Care	Need to focus resources on health problems as they begin to manifest themselves rather than waiting for chronic and severe patterns of illness to develop which require long term treatment.	Implementation of the "Year 2000 Plan" under Senate Bill 244, including improved planning, budgeting and communication among state agencies serving children and families.	Children's Services Commission
Maternal and Child Health Services	Practically, maternal and child health problems can be addressed by the medically indigent efforts since a large portion of the medically indigent are mothers and children.	Legislative actions include supporting national efforts to improve the health of mothers and infants.	Missouri Coalition for Primary Health Care
Reducing the Incidence of High Risk Pregnancies and Ensuring Adequate Prenatal Care	This really is a continuation of the issues raised in HB 518 during the past year, which will be implemented on January 1, 1988. There is an obvious need to ensure the highest level of prenatal care possible to young mothers.	Continue to work with the Department of Health to implement HB 518. Complete discussion paper on presumptive eligibility, and share with legislature. Monitor the impact the resource test has on disqualificiation for pregnant women and children program.	Department of Social Services

Other Recommendations

Summary of the Missouri Opportunity 2000 Commission's Health-Related Recommendations

On the following pages is a listing of the health–related recommendations of the Missouri Opportunity 2000 Commission, sorted for comparison according to the health priorities of the *Alliance* respondents.

Category	Issue	Recommendations
Alternative Delivery Systems	Availability of Preventive Health Care	(46) The Commission recommends private health care providers to provide a statewide network of accessible and affordable wellness centers to meet the preventive health care needs of Missourians.
Alternative Delivery Systems	Expanding Prevention Services in Mental Health	(47) The Commission recommends a significant budget increase for the Missouri Department of Mental Health with corresponding internal reallocations of resources to prevention-type services over the next 10 years.
Alternative Delivery Systems	Expanding Resources from the Older Adult Population	(51) The Commission recommends that the Departments of Higher Education and Social Services study the opportunities and develop plans for the encouragement and motivation of older citizens, who can and will expand their knowledge and qualifications to better serve the economic and social needs of the state and its younger citizens.
Environment	Community Sanitation	(19) The Commission recommends that the General Assembly consider the approval of a sizable bond issue which would provide funding for a construction grants program or revolving loan program for sewage treatment grants to local governments.
Environment	Hazardous Waste	(20) The Commission recommends that the Hazardous Waste Remedial Fund be maintained al least at its present level if not expanded.

Missouri Opportunity 2000 Commission

Category	Issue	Recommendations
Environment	Pollution Control	(21) The Commission recommends that: a. benefit/cost analysis be applied to all existing and new pollution control laws to make sure that the benefits of pollution reduction exceed the cost to industry of achieving the reduction. b. pollution control laws indicated desired results (in terms of lower pollution levels) rather than dictate the means by which these results should be achieved. Both the private sector and municipalities should be left free to choose whatever control measures are most economica; and
Health Education	Promoting healthy lifestyles and environments	(42) The Commission recommends that individual Missourians, social and civic organization, labor organizations, and employers all take an active role to encourage the development of healthier lifestyles by individuals, and of healthier home, work and school environment.
Health Education	School health services	(29) The Commission recommends that all elementary and secondary schools in Missouri provide school health services, which should include reasonable nursing services, periodic health examinations, referral services, other preventative health services, and individual consultation, confidential or otherwise, on problems affectingthe students.
Health Information Systems	Bioethics	(46) The Commission recommends that the Governor establish a permanent Commission on Bioethical Issues, comprised of a broad range of citizens informed on medical technology, science, health care delivery systems, social science, and the religious and ethical aspects of care.
Indigent Care	Adequate hospital financing for indigent care	(41) The Commission recommends that an appropriate and statewide, long-range funding formula be established for public hospitals, teaching hospitals, and other hospitals directly serving the poor, to compensate for care for the indigent without shifting the cost to paying patients or third-party payors.

Category	Issue	Recommendations
Indigent Care	Expansion of Medicaid perinatal reimbursement	(43) The Commission recommends that the State of Missouri continue to improve the Missouri Medicaid program by expanding the medically needy component to cover additional pregnant women and children. That state should also continue its efforts to develop and provide adequate resources for an integrated perinatal program for the state's low-income population through improved coordination of Medicaid, prenatal clinic programs, and programs for the prevention of mental retardation.
Indigent Care	Transitional health benefits for working poor	(6) The Commission recommends a major statewide effort be adopted by state government to provide an avenue for disenfranchised workers to move off dependency rolls and into the private labor market. Such initiatives must include basic education, job training, transitional financial support, and a child care provision.
Long Term Care	Dismantling Attitude Barriers toward the Disabled	(7) The Commission recommends that Missouri employers proceed to dismantle at greater speed the attitude barrier among employers, and many of their personnel, that exists towards persons with disabilities.
Long Term Care	Family Planning for Long Term Care	(50) The Commission recommends that the Missouri Departments of Social Services and Health develop and implement programs of information that will stress the importance of families' planning for long-term care.
Long Term Care	Increasing Self-Sufficiency among the Disabled	(8) The Commission recommends that the Governor designate an ombudsman, with interdepartmental authority, with immediate responsibilities to develop systems and programs to utilize resources more effectively to help the transition of disabled individuals from school to work and from unemployment to employment.
Long Term Care	Long Term Care 'Family Planning'	(50) The Commission recommends that the Missouri Departments of Social Services and Health develop and implement programs of information that will stress the importance of families' planning for long term care.

Missouri Opportunity 2000 Commission

Category	Issue	Recommendations
Long Term Care	Long Term Care Financing Alternatives	(49) The Commission recommends that private insurers develop and make available additional and appropriate long-term care policies, and that the Missouri Division of Insurance study the new field of long-term care insurance, and propose a program that would encourage insurers to extend and expand such coverage to Missourians.
Long Term Care	Long Term Care Insurance	(49) The Commission recommends that private insurers develop and make available additional and appropriate long-term care policies, and that the Missouri Division of Insurance study the new field of long-term care insurance, and propose a program that would encourage insurers to extend and expand such coverage to Missourians.
Manpower	Attracting Minorites to Health Care Field	(45) The Commission recommends that the Missouri Department of Health initiate discussions with academic institutions, health departments, minority and non-minority health professional organizations, and other public/private sector entities to develop strategies to improve availability, accessibility and retention of minority health professionals.
Manpower	Rural physician shortage	(39) The Commission recommends the medical and health care professional associations and the General Assembly, with the advice of the Missouri Department of Health and of appropriate licensing boards, immediately study all professional qualification and licensing legislation, to revise and modernize the areas of permitted practice for health care professionals other than physicians and osteopaths.
Maternal and Child Health	Child Care	(48) The Commission recommends that employers investigate, develop, and support a variety of employer-sponsored child care programs. The Commission recommends that government employers consider setting an example by developing employer-sponsored and employee-supported child care facilities. Any workfare or low-income training programs funded by state or local government should include adequately financed child care components as well.
Rural Health	Rural Health Care Alternatives	(40) The Commission recommends that the Missouri Department of Health establish plans to encourage the extension of privately managed health care delivery systems into rural areas.

Appendix

Agenda

Participants

Evaluation Results

AGENDA

"Health Alliance '87: Meeting the Opportunity 2000 Challenge"
Thursday, November 12, 1987, 10:00 a.m. – 4:00 p.m.
Missouri Room, Capitol Plaza Hotel, Jefferson City

Morning Session

9:30 a.m. Registration
Coffee and rolls

10:00 a.m. Opening and Charge for the Day
- Welcome by Dr. James Whittico, Chairman, Board of Health
- Roundtable Introductions
- Statement of Mission by Dr. Robert Harmon, Moderator

10:20 a.m. "Defining Opportunities for the Year 2000"
Representative Gracia Backer

10:50 a.m. Issue Work Sessions: a Description
Thomas R. Piper

11:00 a.m. Work Session #1: Indigent Care
Jane Kruse, Division of Medical Services, Facilitator
11:00 Viewpoint A: Charles Bowman, Missouri Hospital Association
11:10 Viewpoint B: E. W. Richter, A.A.R.P.
11:20 Point-Counter Point
11:50 Consensus of Major Direction

12:00 Noon Luncheon
" Trends in Health Planning" by James R. Kimmey, M.D., Professor and Director of the Center for Health Services Education and Research, St. Louis University

Afternoon Session

1:00 p.m. Work Session #2: Health Manpower
Dr. Fred C. Tinning, Kirksville College of Osteopathic Medicine, Facilitator
1:00 Viewpoint A: Caroline Davis, R.N., Missouri Nurses Association
1:10 Viewpoint B: Michael E. McMannis, Ph.D., Coordinating Board for Higher Education
1:20 Point-Counter Point
1:50 Consensus of Major Direction

2:00 p.m. Break

2:10 p.m. Work Session #3: Health Education
James C. Stutz, St. Louis Business Coalition, Facilitator
2:00 Viewpoint A: Otis Baker, Department of Elementary and Secondary Education
2:10 Viewpoint B: Marianne Ronan, Children's Services Commission
2:20 Point-Counter Point
2:50 Consensus of Major Direction

3:10 p.m. Accomplishments of the Day
Dr. Robert Harmon

3:30 p.m. "Putting the Agenda to Work"
Senator Roger Wilson

4:00 p.m. Closing Remarks and Adjournment
Announcement of publication of report

"Health Alliance '87: Meeting the Opportunity 2000 Challenge" Participant List

Cary E. Ashley
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Participants, page 62

Evaluation results

An analysis of the twenty-one evaluation forms returned, out of a total of forty-three total participants, showed that participants commended the State Health Planning and Development Agency for the well organized and executed conference. Participants gave high marks regarding the background materials, content, usefulness, atomosphere and recommended that future meetings be held. Despite time constraints, conferees agreed that consensus was reached on the three major issues.

In order to improve future meetings, participants stressed the need for additional time for the discussion of the issues. Suggestions included utilizing small group encounters that would explore the issues in depth. Several participants indicated that the process was too restrictive and the entire process could be better served if more time were allowed for discussion of fewer issues. Although participants acknowledged the need for a strict schedule, they also favored taking the process a step further and developing action statements that would provide solutions to the issues.

Regarding the content of the conference, the participants found Health Alliance '87 interesting and important. Several comments indicated that the issues chosen were too broad. Again, the inclusion of action steps that would focus on solutions was a recommendation.

In conclusion, the Missouri Department of Health and the Board of Health will continue to promote future dialogues. Participants are to be congratulated for their commitment and involvement in this process.

Comments made through personal contacts after the meeting and through the evaluation process showed that participants felt good about their involvement and look forward to future follow-up sessions.

Recommended Reading

During the day's discussion, several participants mentioned recent publications containing important information for today's health leaders:

"And the Band Played On: Politics, People and the AIDS Epidemic," by Randy Shilts, St. Martin Press, 1987.

"The Future of Health Care," by Arthur Anderson and Company, American College of Healthcare Executives, 1987.

"Children in Poverty," is an upcoming Children's Services Commission publication, studying the population of children living in poverty in Missouri, due to be distributed in 1988.

Acknowledgements

A special thanks to Work Session Facilitators and Panelists who, on short notice, assumed leadership responsibilities on the *Alliance* agenda:

Facilitators
Jane Kruse
Fred Tinning, Ph.D.
Jim Stutz

Panelists
Charles Bowman
E.W. Richters
Caroline Davis
Michael McMannis, Ph.D.
Otis Baker
Marianne Ronan

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Thomas R. Piper
Dan Eckles
Steve Feldman
Linda Hillemann
Jim Martin
Donna Schuessler
Greg Stratman

Missouri Department of
HEALTH

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